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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/764,007
Filing Date	January 23, 2004
First Named Inventor	Maitin, Steven
Art Unit	2632
Examiner Name	Mullen, Thomas J.
Attorney Docket Number	C4-1152

Total Number of Pages in This Submission	
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## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Replacement Sheet, FIG. 2 - Return Receipt Postcard
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	KACVINSKY LLC		
Signature			
Printed name	John A. Harroun		
Date	February 27, 2006	Reg. No.	46,339

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Deborah L. Higham	Date	February 27, 2006

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/764,007  
Applicant : Maitin, Steven  
Filed : January 23, 2004  
TC/A.U. : 2632  
Examiner : Mullen, Thomas J.

Confirmation No.: 8946

Docket No. : C4-1152

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AND RESPONSE**

SIR:

In response to the Office Action mailed on November 25, 2005, with the three-month shortened statutory period for response set to expire on February 27, 2006, please reconsider the above-identified application in view of the following amendments and/or remarks.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Amendments to the Drawings** begin on page 8 of this paper and include both an attached replacement sheet(s) and an annotated sheet(s) showing changes.

**Remarks/Arguments** begin on page 9 of this paper.